

# Rejection & Request to Dispose of Empty Beverage Containers

Department of Conservation • *Division of Recycling* • Market Research Branch  
801 K Street, MS 17-24 • Sacramento, CA 95814



## Rejection Form

*In accordance with Public Resources Code (PRC) § 14552.5, the rejection of postfilled beverage containers by a container manufacturer or other willing purchaser is documented below.*

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### **Processor Information:**

Company Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ FAX Number: \_\_\_\_\_

### **Documentation of Effort to find Willing Purchaser:**

*Rejection documentation may be completed by container manufacturer/willing purchaser or processor*

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### **Container Manufacturer/Willing Purchaser Rejecting Material:**

Company Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ Date of Rejection: \_\_\_\_\_  
Reason for Rejection: \_\_\_\_\_  
\_\_\_\_\_  
Steps Taken to Avert Landfilling or Other Disposal: \_\_\_\_\_  
\_\_\_\_\_

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### **Container Manufacturer/Willing Purchaser Rejecting Material:**

Company Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ Date of Rejection: \_\_\_\_\_  
Reason for Rejection: \_\_\_\_\_  
\_\_\_\_\_  
Steps Taken to Avert Landfilling or Other Disposal: \_\_\_\_\_  
\_\_\_\_\_

**Container Manufacturer/Willing Purchaser Rejecting Material:**

Company Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Date of Rejection: \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_

Steps Taken to Avert Landfilling or Other Disposal: \_\_\_\_\_

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***In accordance with PRC §14552.51 and California Code of Regulations (CCR) § 2410, I request authorization to dispose:***

\_\_\_\_\_ LBS or \_\_\_\_\_ TONS

of the following material:

☐ Aluminum ☐ Glass ☐ PET #1 ☐ HDPE #2 ☐ PVC #3 ☐ LDPE #4 ☐ PP #5 ☐ PS #6 ☐ Other #7 ☐ Bimetal

Reason for disposal of material: \_\_\_\_\_

***Material will be disposed at the following location:***

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Expected date and time of disposal: \_\_\_\_\_

***(Note: The Department has 10 days to review request before any disposal may occur.)***

***I certify:***

*I will retain copies of receipts signed by a representative from the disposal site.*

*I am an authorized representative of the Processor listed below and the above information is true to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Company Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

Representative email address: \_\_\_\_\_

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***For Department of Conservation Use Only:*** ☐ Disposal avoided - alternative recycling market found ☐ Approved - CRV may be claimed.

*Denied for the following reason(s)* ☐ Reason for disposal insufficient ☐ Insufficient efforts made for recycling of load

☐ Material does not meet definition of "Empty Beverage Container" under Public Resource Code § 14512 - CRV cannot be claimed.

☐ Other \_\_\_\_\_